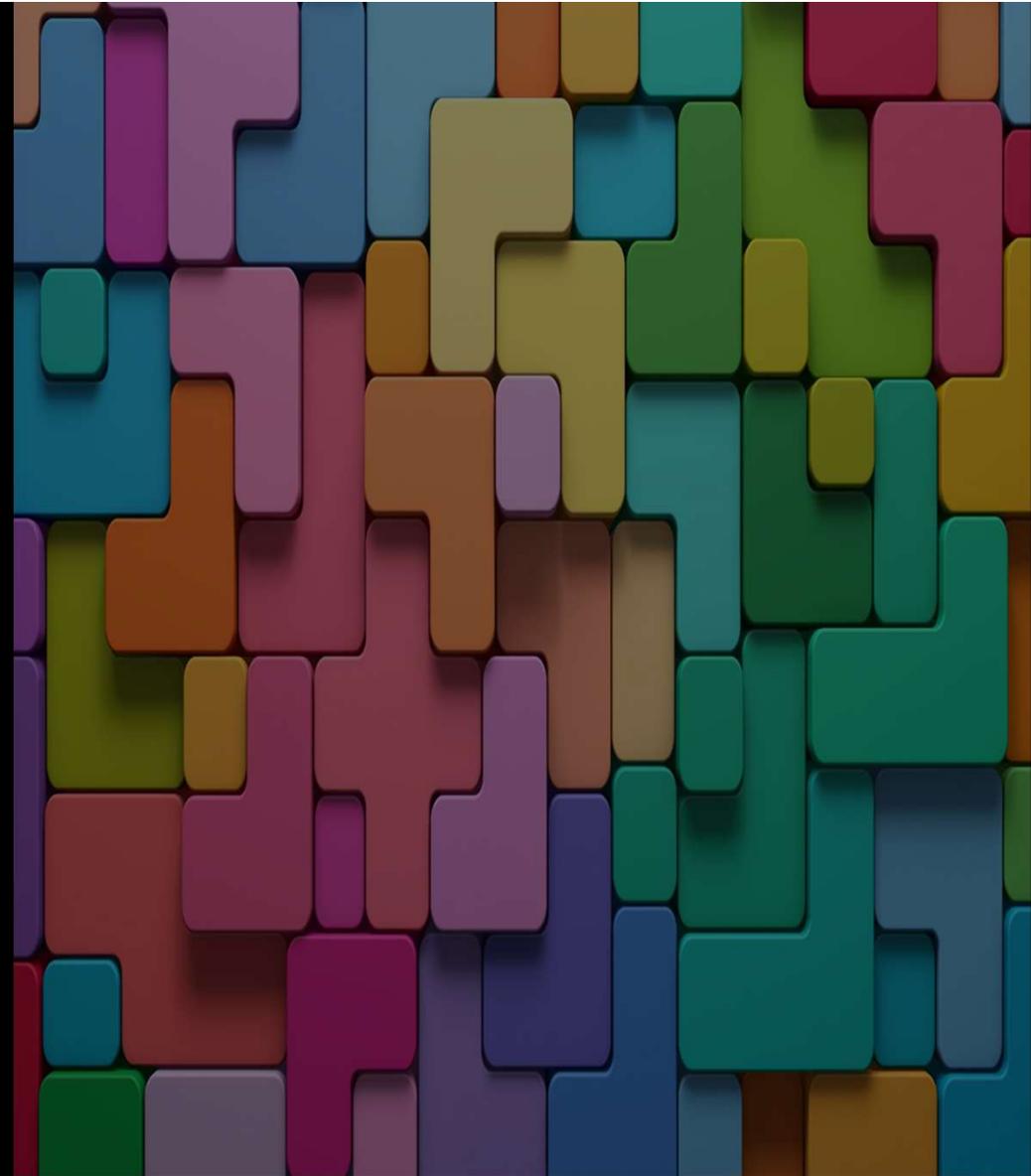


Case presentation

Dr Keong Liew Mok
General Paediatrician



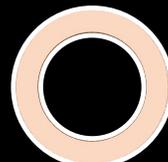
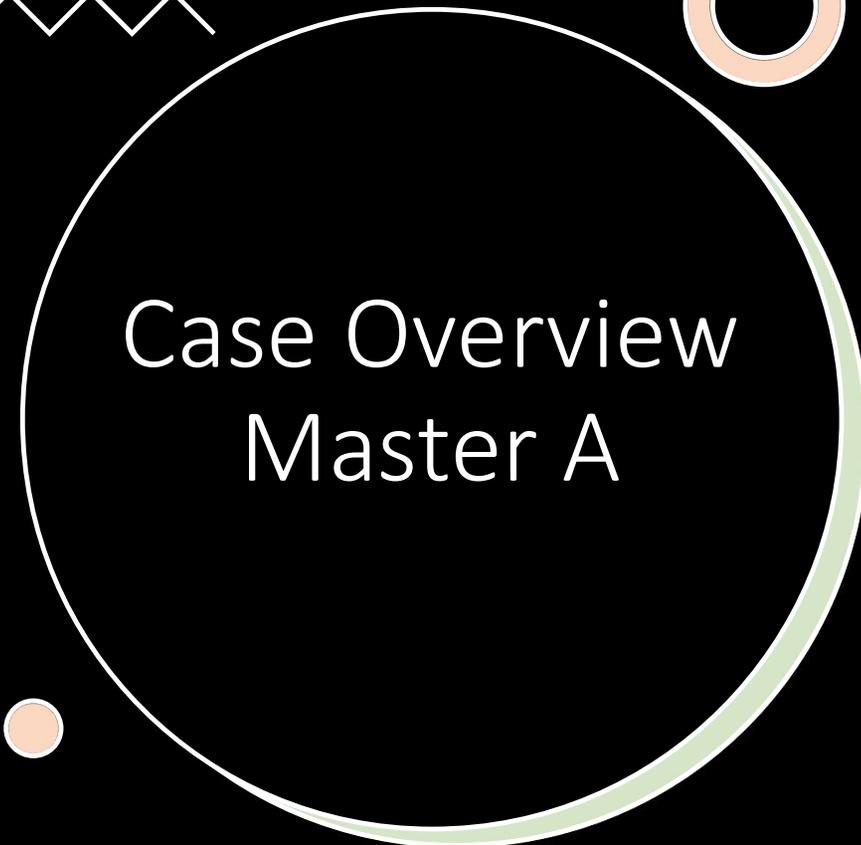


Objective

Case Overview

Knowing the principle ...

Ways of thinking ...



Case Overview Master A

Master A
7-year-old Chinese Boy

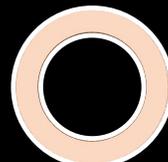
Problems

**Concern about inattention &
hyperactive**

Behavioural issues

Social concern



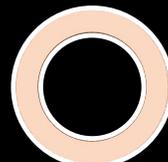


History: Inattention/hyper active and behaviour

School:

- Difficulty focusing and following instructions. Inability to remain seated and always on the move.
- React physically. For example, when others laugh at him, he gets angry and hits others (including teachers). Use inappropriate language when he's upset.
- Learning difficulty
- Only doing half a day at school, as the teacher at school is unable to support him the whole day.



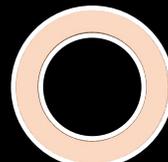


History:
Inattention/hyper
active and
behaviour

Home:

- Even at home, he struggles with concentration and finds it difficult to regulate his emotions.
- Even with things that interest him, he is only able to focus for approximately ten minutes.
- Annoying/Reacts towards his sibling.

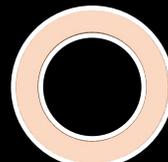




History: Social/behaviour concern

- His eye contact is variable.
- Two friends but has difficulty making and maintaining friendships.
- He plays with siblings
- There is pretend play. There is some sharing of interest and emotions.

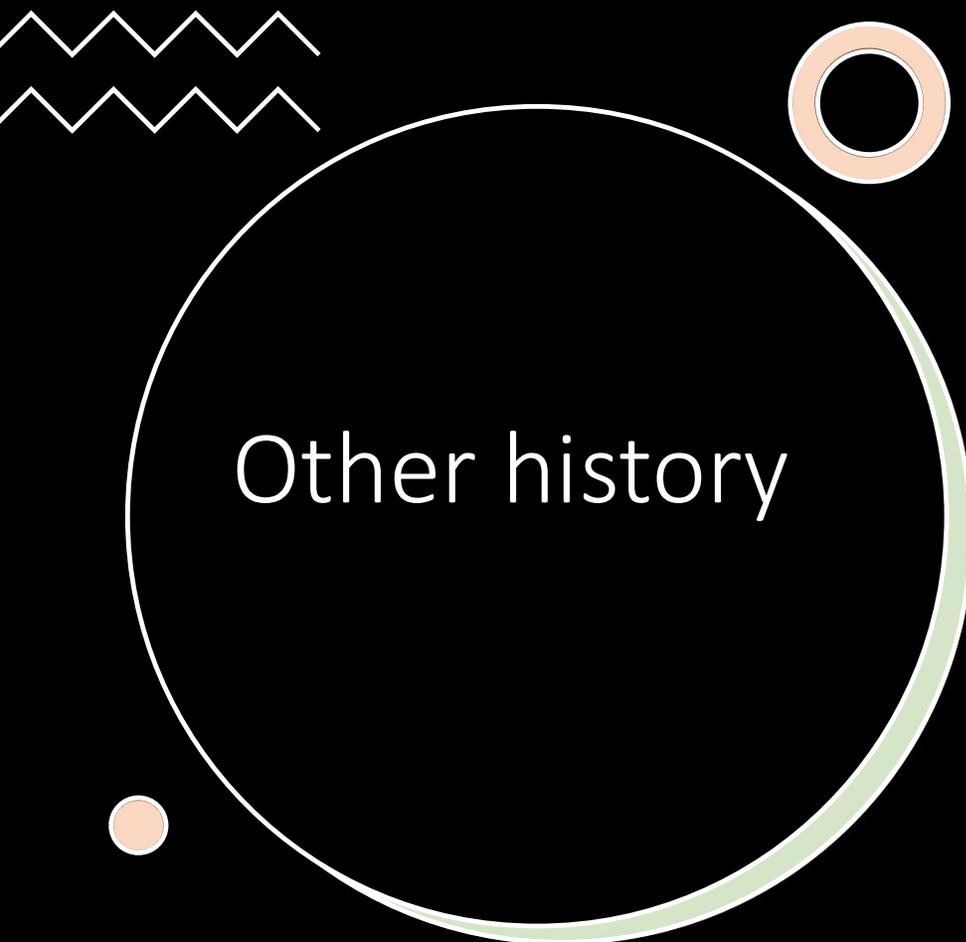




History: Social/behaviour concern

- Rigid with thinking.” e.g. same route to school, not tolerate changes and frustrated when things do not go as expected” get upset.
- Restricted diet and only taking noodles, bread, and meat, and formula (approximately 600 ml daily).
- No clear sensory issues





Other history

- Other developmental milestones normal. Problem has been present since younger, even at daycare.
 - Unremarkable pregnancy/birth. Normal pregnancy with no alcohol or drugs
 - Lives with his father, brother and grandparents. Mum not involve has depression. No family history.
 - Sleep appears stable. No medication.
 - There is no obvious history of stress/trauma.
- 

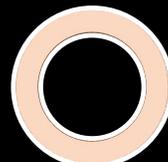


Examination

Looks well with no dysmorphic feature. No Cardiorespiratory or abdomen examination. No blood pressure.

Ran away when approached.
(Family told me not unusual, especially when he's at a new place meeting new people.)

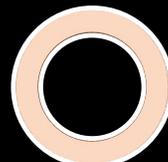




Case summary

7 year old Chinese boy

- **Inattention/hyperactivity**
 - **Learning concern**
 - **Social concern**
 - **Some restrictive behaviour**
 - **Unable to examine (run away)**
- 



QUESTION:

What are your thought ?

-ADHD?

-Autism?

-Something else?

What is your plan?



Knowing the principle



Seeking information

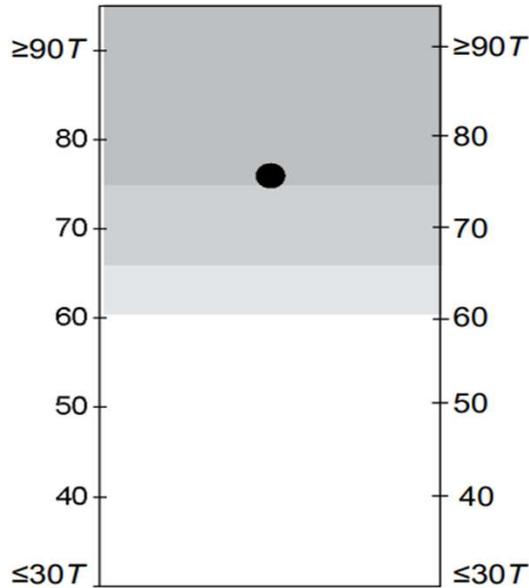
- Questionnaire ASD/ADHD
- School/Parents/Ministry of Education report
- Observation External
- Clinical examination
- Speaking to above...

Questionnaire Result

- ADHD questionnaire: scoring suggestive of Combined ADHD (parents/teacher) with functional impairment schoolwork/peer interaction/family life
- AQ- Child elevated score
- SRS-2 questionnaire (parents/teacher) was elevated total T score was ≥ 76 for social communication interaction and restricted interest and repetitive behaviour (parents/teacher) indicates the severe range and is strongly associated with the likelihood of the child having ASD.

SRS-2

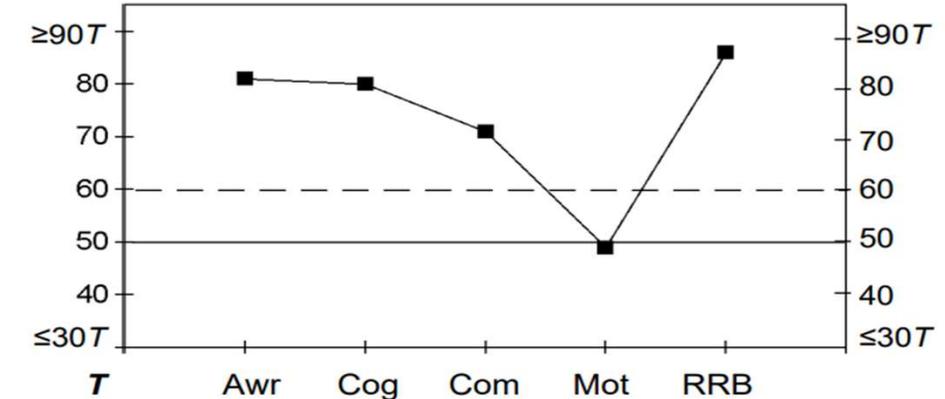
SRS-2 Total Score Results



Total raw score: 90
T-score: 76

≥76T: *Severe* 66T-75T: *Moderate*
 60T-65T: *Mild* ≤59T: *Normal*

Treatment Subscale Results



T	Awr	Cog	Com	Mot	RRB
Raw score	15	21	27	5	22
T-score	81	80	71	49	86

Awr = Social Awareness Com = Social Communication
 Cog = Social Cognitive Mot = Social Motivation
 RRB = Restricted Interests and Repetitive Behavior

DSM-5 Compatible Subscales

	Raw score	T-score
Social Communication and Interaction:	68	72
Restricted Interests and Repetitive Behavior:	22	86